



CITY COUNCIL

Committee of the Whole

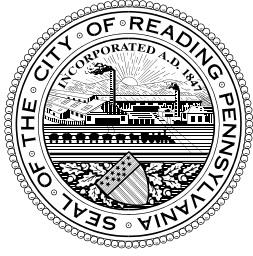
Monday, March 9, 2009

Council Office

4:30 pm

Agenda

- | | | |
|-------------|---------------------------------------|----------------|
| I. | Executive Session | 4:30 pm |
| | Litigation | |
| | Personnel | |
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 | | |
| II | Blue Ribbon Panel | 5:00 pm |
| | 1. Selection of panelists | |
| | 2. Panel Issues & Focus Areas | |
|
 | | |
| III. | Handicapped Parking Resolution | 5:30 pm |
|
 | | |
| IV. | Agenda Review | 6:00 pm |



COMMITTEE of the WHOLE

CITY COUNCIL

MINUTES
February 23, 2009
4:30 P.M.

COUNCIL MEMBERS PRESENT:

V. Spencer, S. Fuhs, D. Sterner, J. Waltman, M. Goodman-Hinnershitz, M. Baez, S. Marmarou

OTHERS IN ATTENDANCE:

L. Kelleher, S. Katzenmoyer, C. Younger, R. Hottenstein, T. McMahon, C. Heminitz, C. Jones, D. Hoag, D. Binder, R. Hottenstein, representatives of Hill/Weston

Mr. Spencer, President of Council, called the Committee of the Whole meeting to order at 4:35 p.m.

I. WWTP Project – Solids Handling

Mr. Fuhs informed Council of his discovery of an old rail bed which could be used for the tunnel project rather than Hazel St. Mr. Jones stated that he will look at this possibility. He stated that there is not much flexibility with the tunnel; it needs to be a straight line.

Mr. Fuhs noted his willingness to mediate public meetings regarding the project.

Mr. Spencer stated that the process using the anaerobic digester was the recommendation from the project manager. He stated that this was the topic of discussion at this time.

Mr. Fuhs questioned the other potential disposal outlets. Ms. Hoag stated that a regional dryer and/or composting were possibilities.

Mr. Fuhs questioned if the gravity thickener was part of the gravity tunnel project. Ms. Hoag stated that these were two separate issues.

Mr. Spencer questioned what the project manager was looking for from Council. Ms.

Kelleher stated that no legislation was received so they were looking for verbal direction. Mr. Binder stated that this direction has legal issues which need to be addressed.

Mr. Waltman stated that he still has not heard a range for the project cost. Mr. Binder stated that he could give Mr. Waltman that information conditionally but that adjustments may need to be made.

Mr. Waltman noted the large financial ramifications of this project.

II. Executive Session

Council entered executive session at 4:47 pm to discuss litigation.

Mr. Sterner and Mr. McMahon joined the meeting at this time.

Council exited executive session at 5:45 pm.

Mr. Spencer stated that the project manager should move forward with the anaerobic digestion pending the Department of Justice ruling.

III. Reading Buccaneers

Tim O'Mara, from the Reading Buccaneers, gave background on the drum and bugle corps. He stated that the Corps has been undefeated since September 2004 and has won the world championship four years in a row.

Mr. O'Mara stated that the Reading Buccaneers are a senior corps of members with very diverse backgrounds. He stated that they utilize approximately 150 volunteers on a regular basis. Their rehearsals are held at Twin Valley High School during winter months and at the Greater Reading Expo Center and Buc Field at the Reading Regional Airport during spring and summer months.

Mr. O'Mara indicated that members learn the value of striving to be your personal best while learning to function as a team. Membership requires much hard work and dedication. He stated that the Buccaneers serve as ambassadors for the City of Reading. He stated that approximately 400 hours of rehearsal are required for 11 minutes of a performance.

Mr. O'Mara stated that the Buccaneers are currently searching for new funding sources. He questioned if Councilors had suggestions of businesses who may be interested in making donations.

Mr. Fuhs questioned the annual budget of the corps. Mr. O'Mara stated that it is approximately \$100,000.

Mr. Fuhs questioned how much of the budget is covered by membership dues. Mr. O'Mara stated that dues cover approximately 2/3 of the budget. He stated that transportation costs have become burdensome with the increase in gasoline prices. He stated that alumni are contacted for donations. He also stated that food donations are also welcomed as the corps feeds the members on competition days.

Mr. O'Mara noted that the Buccaneers home show earns them between \$20,000 and \$25,000. He stated that the show would be held at Albright stadium in 2009.

Council should give their suggestions to Ms. Kelleher to be forwarded to Mr. O'Mara.

IV. Agenda Review

Mr. Jones requested that the Bushong Mill Dam item be tabled until a workshop can be held. PaDEP and the Fish and Boat Commission, along with Mr. Lloyd from the Conservancy, will make a presentation at the March work session.

Mr. Marmarou stated his belief that there are documents showing that the dam is owned by the State. He requested these documents be researched prior to the work session.

Mr. Spencer suggested that a proclamation/commendation be given to the Center for Community Leadership recognizing their 15th anniversary.

Mr. Jones recommended awarding the contract for the storm water utility analysis.

Mr. Waltman requested separating this from the consent agenda for a separate vote.

Mr. Jones recommended awarding both contracts for the lab building at the waste water treatment plant. He explained that the lowest bidder is not always the best choice. He stated that the price is one piece which is examined after the technical review occurs. He stated that the best proposal overall should be awarded.

Four resolutions hiring police officers are on the agenda for action. Mr. Hottenstein stated that two officers are in field training and two are in the academy.

Mr. Spencer questioned why Council is approving them after they have already been hired. Mr. Hottenstein stated that this is to show Council support to the officers.

Mr. Marmarou questioned why resolutions are not approved before the officers are hired. Mr. Hottenstein stated that the Administration has authority to hire the officers.

Ms. Goodman-Hinnershitz stated her belief that the resolutions should be passed before officers are hired.

Mr. Younger stated that the City's labor attorney has rendered the opinion that the Administration hires the officers. He stated that he will get this opinion in writing.

Mr. Spencer requested clarification of the process and that the process be followed consistently. He noted past opinions stated that Council approval of police hirings is required under civil service regulations.

Mr. Fuhs stated his belief that these resolutions stop appearing on agendas for Council action if Council is not legally obligated to act.

V. Executive Session

Council entered into executive session at 6:52 pm to discuss litigation.

Council exited executive session at 7:00 pm.

The meeting adjourned at 7:00 pm.

Respectfully Submitted

By:

Linda A. Kelleher, City Clerk

Resolution No. _____

The Council of the City of Reading hereby resolves as follows:

To establish and empower a Blue Ribbon Panel to review the City's Comprehensive Plan and to review the function and operations of the City's Finance Department and City Auditor's Office.

The Blue Ribbon Panel will be a team of no less than nine and no more than thirteen; seven members will be appointed by City Council and the remaining members will be appointed by the Mayor, with the approval of Council. The Blue Ribbon Panel will be assisted by the City's Managing Director, or his designee, the City Auditor, or his designee and 2 representatives of City Council, selected by the President of Council.

The Blue Ribbon Panel asked to undertake the following tasks:

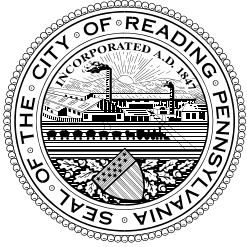
- By June 1, 2009 provide feedback to City Council and the Administration on issues identified by the Administration and City Council., and
- By August 1, 2009 provide a report on the operation and function of the City's Finance Department to City Council and the Administration, including suggestions that will improve efficiency, and
- By October 1, 2009 provide a report on the operation and function of the City Auditor's Office to City Council and the Administration, including suggestions that improve the effectiveness and efficiency of this office.

Adopted by Council on _____, 2009

Vaughn D. Spencer
President of Council

Attest:

Linda A. Kelleher
City Clerk



AGENDA MEMO

TO: Public Safety
PREPARED BY: Tonya Butler
MEETING DATE: March 2, 2009
AGENDA MEMO DATE: February 19, 2009
REQUESTED ACTION: Council approve a resolution amending Resolution #93-96 (Handicap Parking).

RECOMMENDATION:

Council approve a resolution amending Resolution #93-96 (Handicap Parking).

BACKGROUND:

This amendment would put the City's handicap parking laws in concert with existing State requirements.

BUDGETARY IMPACT:

None

PREVIOUS ACTION:

None

SUBSEQUENT ACTION:

None

RECOMMENDED BY:

RECOMMENDED MOTION:

Approve the resolution amending Resolution #93-96 (Handicap Parking).

RESOLUTION NO. _____

AMENDING RESOLUTION #93-96, SECTIONS 1-6:

WHEREAS, by Resolution No. 473-86, the Council of the City of Reading enacted a handicapped parking policy procedure; and

WHEREAS, ~~it has become necessary to modify that parking policy procedure as a result of the overwhelming requests received for handicapped parking spaces~~ **the population of the City of Reading consists of citizens with numerous handicaps or disabilities, some of whom by reason of their handicap or disability, require reasonable accommodations in order to have equality of opportunity relating to their public accommodations;** and

WHEREAS, ~~there are currently issues in excess of five hundred (500) handicapped parking spaces; and~~ **discrimination because of a person's handicap or disability is contrary to the laws and policies of the City; and**

WHEREAS, the handicapped parking space designation may be established by the City of Reading; and

WHEREAS, the use of such designated handicapped parking space is not permitted to be exclusive to the applicant; and

WHEREAS, there is a need to monitor the applications for and continued use of handicapped parking spaces; and.

~~WHEREAS, it has been determined that the criteria for granting requests for handicapped parking spaces should be made more stringent.~~

NOW, THEREFORE, THE COUNCIL OF THE CITY OF READING HEREBY RESOLVES AS FOLLOWS:

SECTION 1. Any resident of the City of Reading, ~~after acquiring a handicapped or disabled veterans license plate or placard from the State, may make application to the City for a handicapped parking space.~~ **who has a qualified disability status as defined in the Application for Residential Parking for People with Disabilities and who has been issued by the Commonwealth of Pennsylvania a handicapped license plate or disabled veterans license plate or placard from the State or on whose behalf said license plate has been issued pursuant to Section 1338 of the Vehicle Code because of a handicap or disability, shall be eligible for the installation, in front of or as reasonably close thereto said person's residence, of a sign indicating that parking in such space is restricted to those vehicles bearing handicapped license plates or placards..** All applications for original or renewal status will be reviewed by the City Health Officer, who will be the individual responsible for making the final determination on whether or not an individual claiming handicapped status, original or renewal, should be granted a handicapped parking space.

SECTION 1.1. A restricted handicapped parking space in front of a residence, or reasonably close to a residence is a special privilege granted by the City of Reading only to people who have severe physical disabilities as evidenced on their application by their physician's certification of their current disability status. Such a space will be granted only to those who are mobility impaired to the extent that they cannot manage without it.

SECTION 1.2. Parking at a restricted handicapped parking space is permitted by anyone who has been issued a handicapped license plate or disabled veterans license plate or placard from the State or on whose behalf said license plate has been issued pursuant to Section 1338 of the Vehicle Code because of a handicap or disability, The restricted handicapped parking space does not belong to the applicant.

~~SECTION 2. In making the final determination, the City Health Officer shall be limited to granting no more than two (2) handicapped parking spaces per block where there is parking permitted on both sides of the street, and one (1) handicapped parking space per block where parking is permitted on only one (1) side of the street. Any such handicapped parking space permits having previously been granted prior to the effective date of this resolution where there is an excess of two (2) per block where applicable, or one (1) per block where applicable shall be permitted to remain in effect. In the event handicapped parking permits exceed the two (2) per block or the one (1) per block limit set forth above, the City Health Officer shall refrain from granting handicapped parking spaces for such block or blocks until such time as handicapped parking spaces as a result of failure to renew or cancellations fall below the per block limit set forth above.~~ **The application for restricted handicapped parking space shall be made on a form provided by the Department of Public Works, Traffic Engineering Office. The application information shall include the identity of the handicapped person and said person's place of residence. It shall be accompanied by documentation evidencing issuance of a handicapped plate or placard by the Commonwealth of Pennsylvania as well as a physician's certification of disability.**

SECTION 3. In making the final determination for renewal of handicapped parking spaces, the City Health Officer shall apply the criteria existing prior to date of passage of this resolution for the renewal of all parking spaces currently granted, **with the exception of any numerical space limitations**. Once a permit is not renewed for any reason, any new application by the same applicant for such parking permit shall be considered a new application and shall be governed by the criteria set forth in Section 4. of this resolution.

SECTION 4. In making such final determination, the applicant or someone residing in the applicant's residence shall meet the following criteria

- a) There is legal parking in the street in front of the applicant's residence.
- b) No on-site off street parking is available.
- c) The applicant:
 - ~~1. Must be wheelchair confined, and/or,~~
 - ~~2. Must have a cardiac condition to the extent that the person's functional limitations are classified in severity as Class IV according to the standards set by the American Heart Association, and/or,~~
 - ~~3. Caring for a minor child with a severe physical or mental disability, and/or,~~
 - ~~4. Is restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter or the arterial oxygen tension is less than 60 mm/hg on room air at rest.~~ **shall have a disability as defined in the Application for Residential Parking for People with Disabilities.**
- d) **There is at least twenty-five (25') feet of parking space directly in front of the property. If not, signatures of the persons who own the adjacent properties must be obtained indicating that they have no objections to the installation of the Handicap zone.**

- e) *The disabled person must be eligible for, and have in his or her possession, a HCP, PD or DVHP license plate or placard from the PA Department of Transportation for his or her vehicle.*

SECTION 5. ANNUAL CERTIFICATION ~~Approved applicants will be required to pay a fee of Seventy Dollars (\$70.00) for the materials and labor involved in the installation of the sign. Each permit granting a handicapped parking space may be renewed on an annual basis by filing an application for renewal together with a Five Dollar (\$5.00) renewal fee. Each application whether for an original permit for a handicapped parking space or for a renewal permit for a handicapped parking space shall contain the information required by the application form and the renewal application form. An incomplete application form or renewal application form shall be grounds for denial of the request for a permit. Applications for renewal permits shall be submitted to the City Health Officer not less than thirty (30) days or more than sixty (60) days prior to the expiration of each one (1) year term.~~

- (a) *Each renewal period shall be twelve (12) months.*
- (b) *Application for renewal must be filed with the City Health Officer not less than thirty (30) days or more than sixty (60) days prior to the expiration of each one (1) year term.*
- (c) *The City Health Officer will not accept the application for renewal unless it is also accompanied by a sworn document containing the following averments:*
- (1) The applicant continues to be disabled.*
 - (2) The applicant continues to drive the identified automobile or is being driven by another identified individual because of applicant's disability.*
 - (3) The applicant resides at the same address.*

SECTION 5.1 FAILURE TO FILE COMPLETED APPLICATION

Failure to file a completed initial application or a timely application for renewal shall result in such application being denied. In the event an individual fails to file a completed application for recertification within the times allowed, that is, on an annual basis prior to expiration of the individual's eligibility, the right to such sign shall be forfeited, and the sign shall be removed by the Department of Public Works.

SECTION 5.2 REMOVAL OF SIGN

In addition to the removal of the sign for failure to properly apply for renewal, a handicapped parking restriction sign may be removed after notice to the applicant if, upon investigation, the City determines that the applicant is not, in fact, handicapped, that the applicant has moved or that the privilege is being abused in a manner inconsistent with its intent. The notice to the individual shall state the reason(s) for the anticipated removal of the sign and shall give the handicapped individual twenty (20) days in which to request a hearing before City Council or its designee.

Any change of address or change of circumstance shall be reported to the City Health Officer within thirty (30) days of such occurrence so that the restricted handicapped sign can be removed from said location.

SECTION 5.3 INSTALLATION OF SIGNS

Upon determination that the application for handicapped restricted parking meets the requirements of this chapter, the City Health Officer shall refer the same to the Department of Public Works, Traffic Engineering Office for installation of a restricted handicap parking sign.

SECTION 5.4

~~SECTION 6. The criteria set forth for final determination as set forth in Section 4 and the fee for the original application and any renewal application may be changed from time to time by written directive of the executive branch provided that at least prior thirty (30) days notice thereof shall be published in a newspaper of general circulation in and for Berks County. An incomplete application form or renewal application form shall be grounds for denial of the request for a permit. Applications for renewal permits shall be submitted to the City Health Officer not less than thirty (30) days or more than sixty (60) days prior to the expiration of each one (1) year term.~~ **Penalties. An individual who submits a false application to the City of Reading shall, upon conviction thereof, be fined five hundred dollars (\$500.00) and costs, or imprisonment for not more than ninety (90) days, or both. Each false application submitted to the City of Reading shall constitute a separate offense.**

~~SECTION 7. This resolution shall take effect immediately upon enactment. The criteria set forth for final determination as set forth in Section 3 may be changed from time to time by written directive of the City of Reading City Council provided that at least thirty (30) days prior notice thereof shall be published in a newspaper of general circulation in and for Berks County.~~

SECTION 8. This resolution shall take effect immediately upon enactment.

PASSED COUNCIL _____ 2009

PRESIDENT OF COUNCIL

ATTEST:

CITY CLERK

City of Reading
815 Washington St
Reading, PA 19601

Dear Applicant:

Enclosed, please find an application for Residential Parking for People with Disabilities. It is very important that this application be filled out completely and legibly. An application that is incomplete, illegible or otherwise not filled out in compliance with the explicit instructions given on the application will be returned to the applicant without action.

Attached is a form that must be completed by your physician, certifying the nature of your disability. This form **must be printed or typed** and returned with the completed application.

Upon our receipt and verification of your completed application, a representative of the City of Reading will contact you. At that time, an appointment will be made to come to your home for an in-person interview and to survey parking as it applies to your particular situation.

You will be notified in writing as to whether your application has been approved or denied.

Approval of a handicapped parking space does not guarantee that the space will be used by you only. Anyone with a PA handicapped license or placard may use the space.

DISABLED PERSON RESERVED PARKING CRITERIA

1. The disabled person must be eligible for, and have in their possession, a HCP, PD, or DVHP license plate from the PA Department of Transportation for his/her vehicle.
2. The driver of the vehicle need not be the disabled person as long as the driver resides in the household of the disabled person – ie. spouse, parent. The state requirements allow for a person in the household other than the disabled person to apply because frequently the disabled person cannot drive. He or she may be a child or a person with a disability that prohibits them from driving, but a sign will only be granted if the disability is severe enough to warrant a space.
3. The disabled person must be mobility impaired to the extent that ambulation is **severely** restricted.
4. The street width in front of the residence must be adequate to allow parking.
5. The individual cannot have an off street parking space available.
6. The individual must be restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter or the arterial oxygen tension is less than 60 MM/HG on room air at rest.
7. The individual must have a cardiac condition to the extent that the person's functional limitations are classified in severity as Class IV according to the standards set by the American Heart Association.
8. The parking width in front of the property must be at least 25 feet. If this is **not** the case, you must obtain the signature of the person who owns the adjacent property indicating that they have no objection to the installation of the handicap zone.
9. No temporary handicap space will be installed for less than one (1) year.

PLEASE PRINT

If this application is being completed by someone other than the disabled person (applicant), please list that person's name below:

Person completing application _____ Relationship to applicant _____

Applicant's Name: _____

*The following information required on this application **must** pertain to the above mentioned applicant

Address: _____ Zip Code: _____

Telephone: _____ Date of Birth: _____

Social Security Number: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY:

1. What is the nature of your disability? _____

2. Explain why you feel that you are in need of reserved parking at your _____ home:

3. Do you have a garage or other off street parking available? YES NO

4. Do you have a PA Person with Disabilities License Plate?

If **YES**, License Plate number: _____

If **NO**, do you have a PA Person with Disabilities Placard? Number: _____

5. If the vehicle is not registered to the disabled person, why are you requesting a zone for a vehicle not registered to you? Please be specific.

6. Do you use one of the following? (Please circle)

Wheelchair Cane Crutches Braces Walker N/A

Other (please specify) _____

7. Are there any type of parking restrictions on your street? YES NO

If yes, please describe: _____

Please attach a photocopy of the Vehicle Registration AND the applicant's or designated driver's PA driver's license as well as a copy of the Person with Disabilities Placard, if applicable.

IS YOUR PROPERTY 25 FEET WIDE OR MORE? _____
IF NO, COMPLETE THE FOLLOWING SECTION:

I understand that if the zone that I am requesting includes a portion of the street in front of a property adjacent to mine, it is my responsibility to obtain the signature of the owner of the adjacent property indicating that they have no objection to the installation of this zone. I further agree that if I use this zone in any other manner other than that which I described at the time of this application, the zone will be removed. In addition, I agree that the City of Reading retains the right to remove this zone at any time.

CONSENT OF ADJACENT PROPERTY OWNER (Please read carefully if applicable)

I, (print name) _____ certify that I am the owner of (your address) _____ . I understand that my neighbor is in need of additional footage in order to install a reserved parking zone on the street. I have no objections to the City of Reading installing a sign on the sidewalk in front of my property at the above address.

Adjacent Property Owner signature Phone # Date

Do you rent the property where you are residing? No Yes
If **yes**, your landlord will need to sign below.

I certify that I am the owner or property manager of (address): _____
_____ and that I have no objection to the City of Reading installing a handicap sign for my tenant along the public sidewalk in front of the property at the above address.

Landlord or property manager signature Phone # Date

APPLICANT'S CERTIFICATION

I am aware that it is my responsibility to file a **complete** application. I understand that the application will be returned to me if it is found to be incomplete, illegible, or otherwise not filed in compliance with the instructions.

I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that any false statements made herein are subject to the penalties of 18 Pa C.S. Section 4904, relating to unsworn falsifications to authorities.

Applicant's signature

Date

PHYSICIAN'S CERTIFICATION OF DISABILITY

POLICY STATEMENT

All portions of this form must be filled out in detail by the applicant's treating physician based on an examination conducted **within the past six months**. A reserved parking space in front of a residence is a special privilege granted by the City of Reading only to people who have **severe** physical disabilities. Such a space will be granted only to those who are mobility impaired to the extent that they cannot manage without it.

Please type or print clearly or application will be rejected

Patient's Name: _____ Age: _____

Residential Address: _____ Zip Code: _____

Home Phone: _____

The undersigned hereby certifies as follows:

1. I examined the above named application on the ____ day of _____, _____.
2. Disability Status (check all that apply, refer to the attached functional _____ guidelines)

☐ Impaired or Non-Ambulatory Disability (Sec. 1 ☐ or Sec 2

☐ Arthritis (Sec. 3)

Functional Class # _____

Mobility Grade # _____

☐ Amputation/Anatomical (Sec. 4)

☐ Cerebrovascular Accident (Sec. 5)

Functional Class: ☐ A ☐ B

☐ Pulmonary (Sec. 6) Is the patient restricted to the _____ extent that their _____ forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter or the arterial oxygen tension is less than 60 mm/hg on room air at rest? ☐ No ☐ Yes **IF**

YES, please attach copy _____ of test results

Functional Class _____ (A) _____ (B)

☐ Cardiovascular (Sec. 7)

Functional Class: ☐ III or ☐ IV

Therapeutic Class: ☐ D or ☐ E

☐ Neurological (Sec. 8)

☐ Other (Sec. 9) Please specify: _____

-
3. Please specify date of onset of applicant's disability: _____

4. Please describe in detail the nature and extent of the applicant's disability:

5. I performed the following test(s) and/or procedures in diagnosing the applicant's disability: _____

6. Please specify the diagnosis **and** prognosis of the applicant: _____

7. Will applicant's current level of disability (check one)

☐ Improve

☐ Remain the same

☐ Deteriorate?

8. Please specify the current physical condition of the applicant: _____

9. Does the applicant require the use of any of the following devices? (check all the apply)

☐ Wheelchair

☐ Crutches

☐ Scooter

☐ Cane(s)

☐ Walker

☐ Braces

☐

Other _____

10. Does the applicant require assistance with entering and exiting a vehicle?

☐ No

☐ Yes If YES, please describe in detail: _____

11. Does the applicant require assistance in entering or exiting his/her home?

☐ No ☐ Yes If **YES**, please describe in detail: _____

12. Is the applicant capable of driving? ☐ No ☐ Yes If YES, is the applicant the principal driver of the vehicle? ? ☐ No ☐ Yes

I am a Board certified physician in the following areas: (Please list)

I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that false statements made herein are subject to the penalties of 18 Pa. C. S. Sec. 4904 relating to unsworn falsification to authorities.

Executed on _____

(date)

by _____
(Physician's signature)

Please print:

Physician's Name: _____

Address: _____

Telephone Number: _____

License Number: _____

FUNCTIONAL GUIDELINES AND ELIGIBILITY CRITERIA RESERVED RESIDENTIAL PARKING FOR PEOPLE WITH DISABILITIES

It is the responsibility of the medical evaluator to determine whether one or more medical conditions ascribed to an applicant are of such severity as to render the applicant disabled to the extent that reserved parking is required for him/her to function adequately on a day to day basis. The following is a rather comprehensive list of medical conditions which, in various stages cause moderate to severe mobility impairment. Most sections include a "Note" area to assist the evaluator in interpretation of the medical criteria as they relate to an applicant's eligibility for reserved, residential parking for people with disabilities.

SECTION 1: NON AMBULATORY DISABILITIES

Impairments that require the applicant to use a wheelchair for mobility.

SECTION 2: IMPAIRED OR ASSISTED AMBULATION

Intended for those who walk with extreme difficulty including those individuals who use a walker, crutches or leg braces. Use of a cane does not necessarily indicate eligibility for reserved residential parking.

Note: Claiming eligibility under this section will require extensive medical documentation or an additional medical examination of the individual to determine whether or not this applicant's medical condition qualifies the applicant for receipt of a reserved residential zone.

SECTION 3: ARTHRITIS

This section is intended for people whose arthritic condition makes walking extremely difficult; people who suffer arthritis which causes a severe functional motor deficit in the legs.

Functional Capacity:

Class III – functional capacity adequate to perform only a few or none of the duties of usual occupation or self care.

Class IV – Largely or wholly incapacitated, uses wheelchair.

Mobility Assessment:

Grade II – The applicant can cross the road but cannot manage public transportation

Grade III – The applicant can use stairs but cannot cross roads

Grade IV – The applicant cannot use stairs

Grade V – The applicant can move from room to room with help

Grade VI – The applicant is confined to chair or bed

Note: Arthritis alone can only be used as a criterion for reserved residential parking if the applicant meets Class III under the Functional Capacity section and at least Grade III and up to Grade V under the Mobility Assessment section. Those applicants falling under other classes or grades listed must have either additional medical complications (when considering those at Grade II level) or traffic and/or terrain problems creating additional hardships for an attendant or driver of the disabled resident (when considering those at the Class IV and Grade VI levels).

SECTION 4: AMPUTATION/ANATOMICAL

This section is intended for people who find it extremely difficult to walk because of amputation, congenital absence of or anatomical deformity of the lower extremity at or above the tarsal region of one or both legs.

Note: Exceptions might include those cases in which the applicant has been particularly successful in mastering life skills and has been rendered fully ambulatory with the aid of his/her prosthesis.

SECTION 5: CEREBROVASCULAR ACCIDENT

This section is intended for those applicants who, because of stroke or brain injury find it extremely difficult to walk. These applicants must exhibit one of the following:

- (A) Severe functional motor deficit in any of two extremities
- (B) Severe Ataxia affecting two extremities substantiated by appropriate cerebellar signs of proprioceptive loss/loss of muscle and kinesthetic sense.

Note: Appropriate medical documentation including, but not limited to rehabilitation records, etc. required before approval of an application from an individual falling under this category.

SECTION 6: PULMONARY DISABILITIES

People who, because of a respiratory condition, find it extremely difficult to walk. These individuals experience dyspnea at various levels of exertion. Applicants must exhibit one of the following:

- (A) Dyspnea which occurs during such activities as climbing one flight or stairs or walking 100 yards on level ground.
- (B) Dyspnea present on the slightest exertion such as dressing, talking or at rest

Note: Applicants for reserved parking may qualify under either sections A or B, however, these conditions should be substantiated by respiratory function studies or by other objective rather than subjective evidence. If oxygen is required to carry out routine functions, this should be stated by the applicant's physician.

SECTION 7: CARDIOVASCULAR DISEASE

This section applies to those individuals who, because of cardiac illness, walk with extreme difficulty. This includes people who exhibit Class III or Class IV in the functional classification and Class D or E in the therapeutic classification.

Functional Classification

Class III – Patients with cardiac disease resulting in marked limitation of physical activity. Patients may be comfortable at rest, however, less than ordinary physical activity causes fatigue, palpitations, dyspnea or anginal pain

Class IV – Patients with cardiac disease resulting in an inability to carry out physical activity without discomfort. Symptoms of cardiac insufficiency or anginal syndrome may be present even at rest. Any physical activity with increase discomfort

Therapeutic Classification

Class D – Patients with cardiac disease whose ordinary physical activity should be markedly restricted

Class E – Patients with cardiac disease who should be at complete rest, confined to a bed or chair

Note: Those applicants who fall under Functional Class III or Therapeutic Classification D may be mobility impaired to the extent that reserved parking is required. However, placement in this classification, along with inclusion under one of the other disability categories may combine to categorize the applicant disabled to the degree that a reserved parking zone is necessary. With respect to Therapeutic Classification E, the evaluator must bear in mind that persons who are confined to bed do not usually require the provision of special parking. Upon appeal, however, special circumstances such as traffic or terrain problems may be brought to light which allow approval or reserved parking zones in such cases.

SECTION 8: NEUROLOGICAL DISABILITIES

This section is intended for those people who, because of impairment of the central nervous system, are disabled to the extent that their gait is radically altered resulting in severely restricted mobility.

Neurological Disorder: Damage to the central nervous system due to illness, accident, genetic, or hereditary factors.

Note: Each of the factors above could cause a wide range of damage to the central nervous system resulting in anything from minor disability to total incapacitation. The evaluator must take care to detail the extent to which the applicant's mobility is impaired as a result of the existing neurological disorder. The general rule for our purposes is if the applicant can walk one half of a City block without difficulty, he or she is not likely to require reserved residential parking.

SECTION 9: OTHER

Upon special request, consideration will be given to a disability which is not specifically included in the aforementioned criteria.